MARYLAND STATE DEPARTMENT OF HEALTH

06584

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

6539

Reg. Dist. No. 100

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) E (Last) BIVENS

4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 1955

5. SEX F | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH 12-10-30 | 9. AGE last birthday 24 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done durlog most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ? | 14. MOTHER'S MAIDEN NAME SARAH BIVENS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

981X

Immediate cause (a) INTRA PLEURAL HEMORRHAGE — 7-6-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) PISTOL SHOTS IN CHEST — 7-6-55

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) La Plata | (COUNTY) Charles | (STATE) Md

TIME OF INJURY (Month) 7 (Day) 6 (Year) 55 (Hour) 7 P m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? SHOT BY COMMON LAW HUSBAND

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE C. Hedelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 7-7-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 9 1955. | NAME OF CEMETERY OR CREMATORY Sacred Heart | LOCATION (City, town, or county) Leonardtown (State) Md

DATE REC'D BY LOCAL REG. 7-9-55 | REGISTRAR'S SIGNATURE Julia A. Posey | 24. FUNERAL DIRECTOR Barnhart Funeral Home Inc ADDRESS La Plata Md.

07678

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

6531

Reg. Dist. No. 106

M

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Indian Head — LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 8 Mason Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East 07X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Jeanette (Last) Blevins

4. DATE OF DEATH (Month) July (Day) 19 (Year) 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 2/22/54

9. AGE last birthday one yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Havre de Grace, Md.

12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME Ira B Blevins

14. MOTHER'S MAIDEN NAME Hester Md Phipps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS Mrs. O. L. Bishop 8 Mason Rd. Indian Head, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

924.0

Immediate cause (a) Suffocation as a result of falling — Unknown

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) between (unmovable) bed & wall

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Indian Head (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-19-55 1 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? fell off from bed & was caught between bed & wall.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) Thomas G. Sosam M.D. — ADDRESS Indian Head, Md — DATE SIGNED 7-19-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/ /55 — NAME OF CEMETERY OR CREMATORY Methodist Church — LOCATION (City, town, or county) North East — (State) Md.

DATE REC'D BY LOCAL REG. 7/19/55 — REGISTRAR'S SIGNATURE Odey Prises

24. FUNERAL DIRECTOR Grant Funeral Home — ADDRESS North East Md.

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

06585

6532

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md. R 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Willie	B	Bowman	7	5	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C	S	5-5-05	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer		Md.	U S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm Bowman	Lizzie Holt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Nancy Barber La Plata Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
812X Immediate cause (a) CRUSHED CHEST	7-5-55
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. COMPOUND FRAC BOTH LEGS	7-5-55

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rt 301	(CITY OR TOWN) La Plata	(COUNTY) Charles	(STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 7 5 55 2:30 P.M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? Hit By Auto		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Medellen	M.D.	La Plata Md	7-7-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 8 1955	Sacred Heart	Laplata md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/7/55	Julia H. Posey	Orchard Funeral Home Inc	Laplata md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06586

6583

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Faulkner
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Faulkner
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Joseph (Middle) Adrian (Last) BURCH

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M.

8. DATE OF BIRTH: Dec. 23, 1878

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: George Burch

14. MOTHER'S MAIDEN NAME: Mary Catherine Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: George E. Burch, Faulkner

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442X IMMEDIATE CAUSE	(A) Respiratory failure,	2 days
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Cardiovascular disease DUE TO	4 yrs.
	(C) Arteriosclerosis, renal impairment.	5 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to 22 July, 1955, that I last saw the deceased alive on 21 July, 1955, and that death occurred at 2:15 EST M, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS DATE SIGNED

[signature] La Plata. Md. 22 July 55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial

DATE THEREOF 7/25/55

NAME OF CEMETERY OR CREMATORY St. Joseph's

LOCATION (City, town, or county) (State) Morganza Md.

DATE REC'D BY LOCAL REGISTRAR 7/22/55

REGISTRAR'S SIGNATURE Julia A. Casey

24. FUNERAL DIRECTOR ADDRESS Mattingly Funeral Home, Leonardtown Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

06587

6584

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Benedict
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY: 47K-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1148 Oates St N.E.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William		Gibbs	July	5	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	C	Married	Feb 29 1916	39 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Car Clerk	Railroad	N C	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herman Gibbs	Sarah Hewins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	Unk	James Barnes Washington

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8
Immediate cause (a) Drowning — 7-5-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Drowning

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Patuxent River	Charles		Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY Ooccur?
7	5	55	P.M.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Medlen	M.D.	La Plata Md	7-6-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	7-6-55		Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-9-55	Julia L. Posey	Hoult & Ryon	Waldorf Md

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK — Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06588

6535

CERTIFICATE OF DEATH

Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pisgah
LENGTH OF STAY (in this place): 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pisgah
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) Rachel (Middle) Ankes (Last) Ross Greer

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 17 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pisgah Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Ross

14. MOTHER'S MAIDEN NAME: Sarah Ankes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: John Greer Indianhead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Hypertensive Heart Disease	3 years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21 1955, to 7/1 1955, that I last saw the deceased alive on 7/1 1955, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Martha Susan M.D. ADDRESS Indianhead Md DATE SIGNED 7-1-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 7-4-55

NAME OF CEMETERY OR CREMATORY Smith Chapel

LOCATION (City, town, or county) Pisgah (State) Md

DATE REC'D BY LOCAL REG. 7/3/55

REGISTRAR'S SIGNATURE Mary Southerland

24. FUNERAL DIRECTOR Penny & Ogle — Oxon Springs ADDRESS

06589

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6586 **CERTIFICATE OF DEATH** Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LaPlata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Longhaville
STREET ADDRESS (If rural give location) X / 1

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) B (Last) HANDLEY

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Feb. 2, 1885

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harry B. Handley

14. MOTHER'S MAIDEN NAME: Clora Reider

15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Clarice Handley, Longhaville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X IMMEDIATE CAUSE (A) CARDIO-VASCULAR RENAL — INTERVAL BETWEEN ONSET AND DEATH 4 Yrs

ANTECEDENT CAUSE (S) DUE TO (B) FAILURE

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Gen. Art. Sclerosis — 1953

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1955, to 7-15, 1955, that I last saw the deceased alive on 7-15, 1955, and that death occurred at 1 P M, from the causes and on the date stated above.

SIGNATURE E. J. Edelen M.D. ADDRESS LaPlata Md DATE SIGNED 7-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/18/55 — NAME OF CEMETERY OR CREMATORY St. Ignatius — LOCATION (City, town, or county) (State) Bel Alton, Md

DATE REC'D BY LOCAL REGISTRAR 7/18/55 — REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR ADDRESS Herbert Funeral Home, LaPlata, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06590

6597 CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) HARRISON

4. DATE OF DEATH: (Month) (Day) (Year) July 23 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: July 23, 1955
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S. America

13. FATHER'S NAME: George W. Harrison Jr.
14. MOTHER'S MAIDEN NAME: Ruby Stoeland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Father.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.0 IMMEDIATE CAUSE (A) Difficult Labor - Left Footling Breech Presentation

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Large Baby

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1955 to ....., 19....., that I last saw the deceased alive on July 23, 1955, and that death occurred at 9:57A M, (1957) from the causes and on the date stated above.

SIGNATURE Jakob M Lerm M. D. ADDRESS DATE SIGNED July 24, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/24/55
NAME OF CEMETERY OR CREMATORY Family Plot
LOCATION (City, town, or county) (State) Waldorf Md

DATE REC'D BY LOCAL REGISTRAR 7/24/55
REGISTRAR'S SIGNATURE Julia H Posey
24. FUNERAL DIRECTOR Leo W. Harrison ADDRESS Waldorf, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20752611377

Mrs Wills Posey Sr

MARYLAND STATE DEPARTMENT OF HEALTH

06591

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md — LENGTH OF STAY (in this place) en route
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Charles.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indianhead Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	WILLIAM	HENRY	July	1	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C		2-11-40	15 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltimore Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter Henry	Thomas Posey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Mamie P Henry Indian Head

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8
Immediate cause (a) Drowning — 7-1-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Potomac River		Chas	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
7	1	55	4 p.m.			Riding life preserver on jet ski

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C Medalen MD		La Plata Md	7-3-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 3, 55		Washington	DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/3/55	Julia H Posey	Herbert Funeral	Complete

6589

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06592 Reg. Dist.

Items 18&21 Film G185 8-12-55 ams

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wicomico River

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Tompkinsville X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) FRANCIS (Middle) PATRICK (Last) HILL

4. DATE OF DEATH (Month) July (Day) 6 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	S	March 17 1941	14 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Julian Hill
14. MOTHER'S MAIDEN NAME: De Coems

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Bernadine Hill 1839 Kalorama Rd NW DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

929.8

Immediate cause (a) Drowning — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY River
21c. (City or town) Tompkinsville (County) Charles (State) Md.
21d. TIME OF INJURY (Month) July (Day) 6 (Year) 1955 (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Found drowned

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 7/7/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7-9-55
NAME OF CEMETERY OR CREMATORY Holy Rest
LOCATION (City, town, or county) (State) Beltsville md

DATE REC'D BY LOCAL REG. 7-9-55
REGISTRAR'S SIGNATURE Julia F. Posey
24. FUNERAL DIRECTOR ADDRESS Archart Funeral Home Inc Laplata md.

VS. A15A - 5 - 53

6590

06593

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

8 Film Cies 6-19-55 ams

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Charles MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Waldorf (Rural)

LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Charles

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Waldorf, Md. X

STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) BARBARA (Middle) (Last) MONTGOMERY

4. DATE OF DEATH (Month) 7/22/55 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 1954

9. AGE last birthday: 11 mos. yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James A Montgomery

14. MOTHER'S MAIDEN NAME: Barbara Grist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Non

17. INFORMANT & ADDRESS: James A Montgomery Waldorf Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 096.9 Choriomeningitis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Virus infection - type undetermined not poliomyelitis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, ~~Homicide~~ ☐, Undetermined cause ☐.

SIGNATURE R T Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7/22/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF July 24 1955

NAME OF CEMETERY OR CREMATORY St Peters Cemetery

LOCATION (City, town, or county) (State) Waldorf Md

DATE REC'D BY LOCAL REG. 7-23-55

REGISTRAR'S SIGNATURE M. L. Mowers

24. FUNERAL DIRECTOR Hutt & Ryan ADDRESS Waldorf Md

2084203404

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

6591

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06594

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington — COUNTY DC
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 47X-3
STREET ADDRESS (If rural, give location) 1640 Fort Davis St SE

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) LeROY (Last) MOORE

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1955

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single — 8. DATE OF BIRTH: 5-23-20 — 9. AGE last birthday: 35 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant — 10b. KIND OF BUSINESS OR INDUSTRY: Gas Station — 11. BIRTHPLACE (State or foreign country): Marshall Co Miss — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Moore — 14. MOTHER'S MAIDEN NAME: Betty Crossley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Clifton Moore Brandywine Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X

Immediate cause (a) Internal Hemorrhage — 7-21-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed Chest — 7-21-55

(c) Auto accident — 7-21-55

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Route 5 — (CITY OR TOWN) Bryhenville — (COUNTY) Chas. — (STATE) Md.

TIME OF INJURY (Month) 7/15 (Day) 7-21-55 (Year) (Hour) 5 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Driver of car - hit on pelvis & trunk

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. Sheldon MD — (Degree or title) — ADDRESS La Plata Md — DATE SIGNED 7-22-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 23 — NAME OF CEMETERY OR CREMATORY Holy Springs — LOCATION (City, town, or county) Holy Springs Miss (State)

DATE REC'D BY LOCAL REG. 7/23/55 — REGISTRAR'S SIGNATURE Julia H Vaney — 24. FUNERAL DIRECTOR — ADDRESS Crehore Funeral Home Inc La Plata Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

06595

6592

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Charles; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata; LENGTH OF STAY (In this place) today; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY PRINCE GEO. Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC; STREET ADDRESS (If rural, give location) 500 24th St NE - 16X-2

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) F (Last) St Clair

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: 4-13-18

9. AGE last birthday: 37 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Layer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Somerset Co md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter St Clair

14. MOTHER'S MAIDEN NAME: Annie Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 579-01-4032

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816X

Immediate cause (a) Crushed Chest — Interval Between Onset and Death: 7-3-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auto accident — 7-3-55

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 301 (CITY OR TOWN) Hughesville (COUNTY) La Plata (STATE) Charles Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 7 3 55 7P

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Truck - auto Collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C Hedelen (Degree or title) MD — ADDRESS: La Plata Md — DATE SIGNED: 7-3-55

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: July 3 55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county): Washington (State): DC

DATE REC'D BY LOCAL REG.: 7/3/55 — REGISTRAR'S SIGNATURE: Julia H Casey

24. FUNERAL DIRECTOR — ADDRESS: Urehart Funeral Home Inc La Plata Md

MARYLAND STATE DEPARTMENT OF HEALTH

06596

2411 N. Charles Street, Baltimore

6593

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine Rt 2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) (Last) Schween
4. DATE OF DEATH: (Month) 7 (Day) 5 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-17-1880
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Fred Schellenberg
14. MOTHER'S MAIDEN NAME: Emilie Stoll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Otto Schween

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
33 X Immediate cause	(a) Cardiac failure	6 months
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebrovascular accident	6 months
	(c) arteriosclerosis	10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1955, to 5 July, 1955, that I last saw the deceased alive on 4 July, 1955, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frederick M. Johnson M.D. La Plata 6 July 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-7-1955
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Prince Georges Co Md

DATE REC'D BY LOCAL REG. 7-9-55
REGISTRAR'S SIGNATURE: Julia H. Posey
24. FUNERAL DIRECTOR ADDRESS: Hunt & Ryon Waldorf Md

06597

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6594

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Charles MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physician Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf Md.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LIZZIE (Middle) BELLE (Last) SOLLARS

4. DATE OF DEATH: (Month) 7 (Day) 9 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: 11-26 1879

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Burkins

14. MOTHER'S MAIDEN NAME: MARTHA MORRISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Mabel Bateman, Waldorf Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH 7-9-55

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Senil ART Sclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-9, 1955, to 7-9, 1955, that I last saw the deceased alive on 7-9, 1955, and that death occurred at 3:30 P M, from the causes and on the date stated above.

SIGNATURE E. Edelen M.D. ADDRESS La Plata Md DATE SIGNED 7-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 7/12/55; NAME OF CEMETERY OR CREMATORY Mt. Rest.; LOCATION (City, town, or county) (State) La. Plata. Maryland

DATE REC'D BY LOCAL REGISTRAR 7/13/55; REGISTRAR'S SIGNATURE Julia H Casey

24. FUNERAL DIRECTOR Hewitt + Ryon, ADDRESS Waldorf, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6595 06598

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET AODRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Tobacco
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) (Last) STONE

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: Nov. 11, 1868

9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas D. Stone

14. MOTHER'S MAIDEN NAME: Elizabeth J. Edelen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Margaret Dippold Waldorf, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3 IMMEDIATE CAUSE (A) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: instantaneous

ANTECEDENT CAUSE (S) OUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) general debility OUE TO — 6 Months

(C) old age — 10 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATEO TO THE OISEASE OR CONDITION CAUSING OEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINOINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW OIO INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 54, to July, 19 55, that I last saw the deceased alive on 30 July, 19 55, and that death occurred at 6-05 M, from the causes and on the date stated above.

SIGNATURE Frederick M. Johnson M. D. ADDRESS La Plata, Md. DATE SIGNED 30 July 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

OATE THEREOF Aug. 1, 1955

NAME OF CEMETERY OR CREMATORY Family Burying Lot

LOCATION (City, town, or county) (State) Near Popes Creek, Md.

OATE REC'D BY LOCAL REGISTRAR 8/1/55

REGISTRAR'S SIGNATURE Julia D Bosley

24. FUNERAL OIRECTOR Hunt & Ryon

ADDRESS Waldorf, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING